



STATE OF MARYLAND

DHMH

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September 17, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:37 **Reporting for the week ending 09/13/08 (MMWR Week #37)**

CURRENT HOMELAND SECURITY THREAT LEVELS

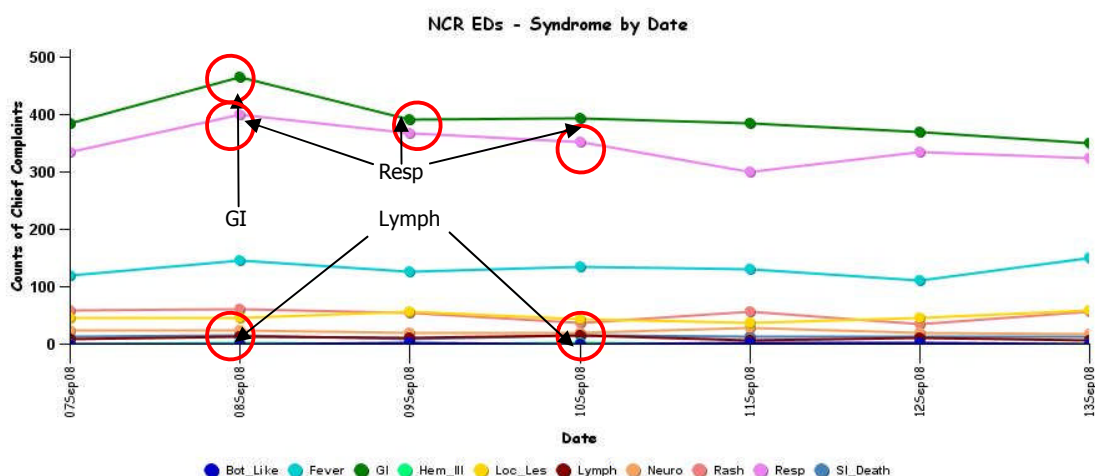
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

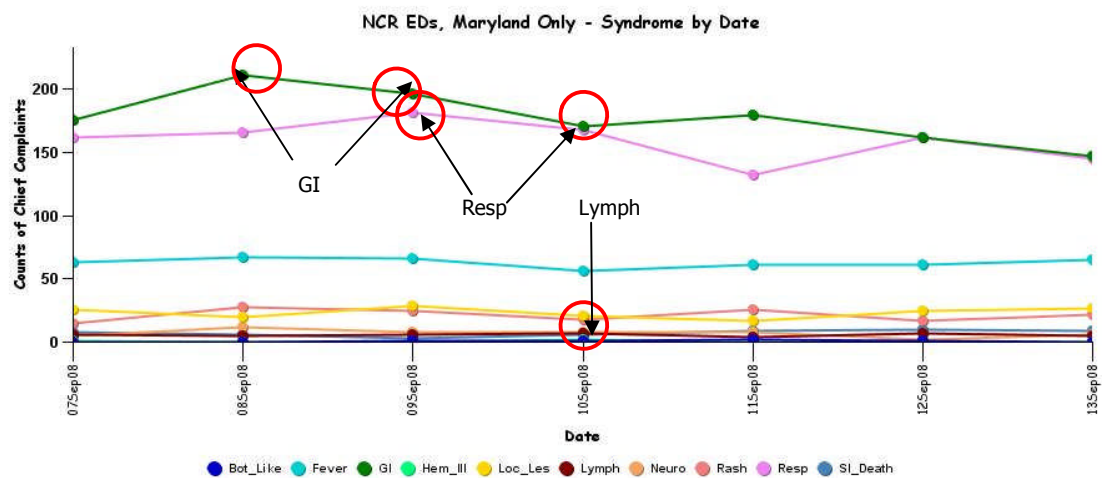
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

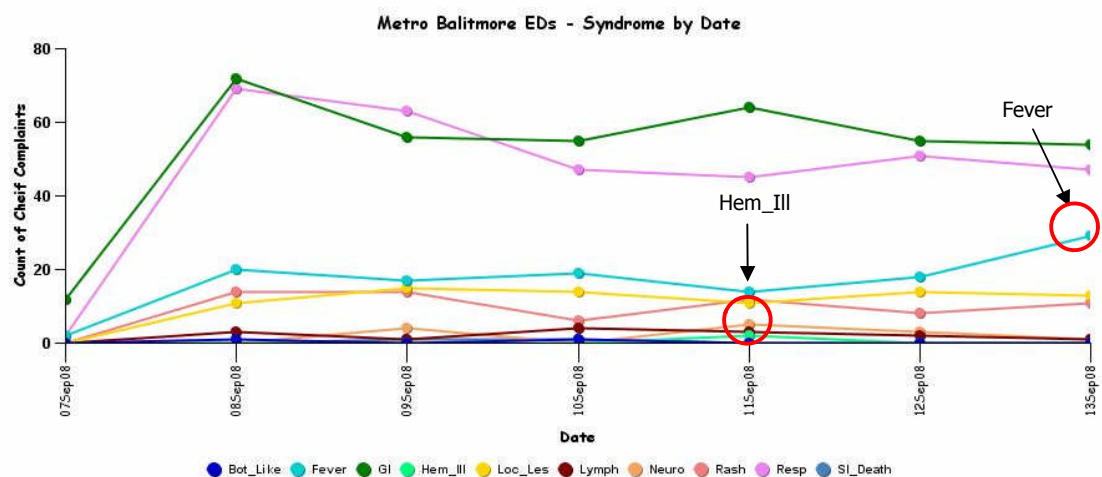
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

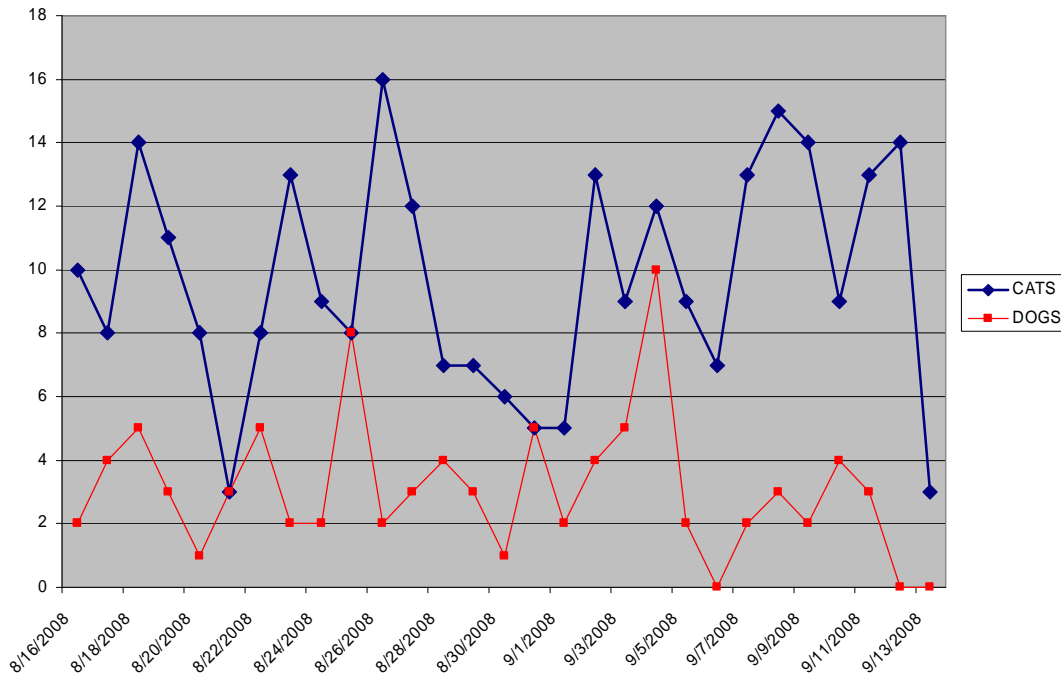


****NOTE: Not all data for Metro Baltimore hospitals was available for MMWR Week 37, due to technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

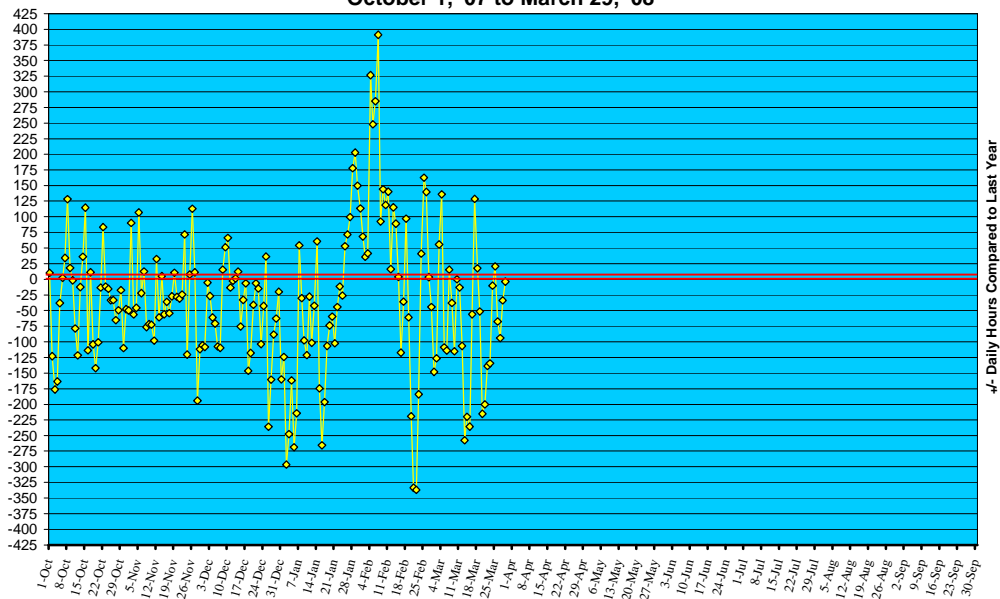


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in August 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Sept 7 – 13, 2008):	16	0
Prior week (Aug 31 – Sept 06, 2008):	11	1
Week#37, 2007 (Sept 9 - 15, 2007):	20	0

2 outbreaks were reported to DHMH during MMWR Week 37 (Sep. 7- Sep. 13, 2008):

2 Respiratory illness outbreaks

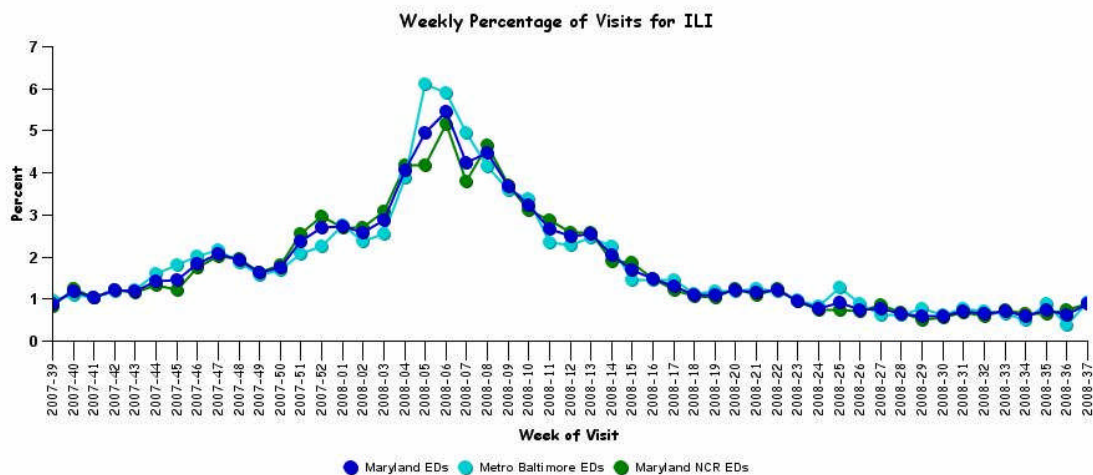
- 1 outbreak of PNEUMONIA associated with a Nursing Home
- 1 outbreak of PERTUSSIS associated with a Hospital

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of 10 September 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (INDONESIA): An Indonesian man from Tangerang, a satellite town near the capital Jakarta, has died of bird flu, bringing the country's death toll from the disease to 112, a Health Ministry official said on Thursday (11 Sep 2008). The official, who declined to be named, said the 37-year-old man had worked as a driver for a cargo company at Sukarno-Hatta airport, Jakarta's main airport for domestic and international flights. The man, who had had no contact with sick fowl, died in early July (2008), after being treated at 3 different hospitals, the official said. Tests had showed he was infected with the H5N1 strain of avian influenza. The virus has infected 387 people in 15 countries, killing 245 of them, according to the World Health Organization's (WHO) 10 Aug 2008 tally. Indonesia has the highest toll of any nation. Although bird flu remains an animal disease, experts fear that the virus might mutate into a form easily passed from human to human, sparking a pandemic in which case millions could die.

AVIAN INFLUENZA, TOGO (LOME), LAOS (LUANG PRABAN): An outbreak of bird flu has been confirmed in the West African nation of Togo for the 1st time since last year (2007), the Health Ministry said Tuesday (9 Sep 2008). The virus was detected at a poultry farm housing more than 4500 birds in the village of Agbata outside the capital, Lome, said a ministry statement read over state television. It was not known how many birds died, but more than 80 percent of those infected by the flu were fatalities, the ministry said. The statement did not say whether the birds were infected with the deadly H5N1 strain of the virus, which has scientists concerned because it has the potential to infect humans. At least 235 people have died of bird flu worldwide since 2003, according to the World Health Organization (WHO). The Health Ministry banned the sale of all chicken and poultry products in the region around the farm.

NATIONAL DISEASE REPORTS:

No new disease outbreaks related to CDC Critical Biological Agents were reported for MMWR week 37.

INTERNATIONAL DISEASE REPORTS:

BOTULISM, PRECOOKED COMMERCIAL FOOD (FRANCE): Two severe familial cases of botulism were reported to the health authorities in Brittany, northwest France, on 11 Aug 2008. An investigation was undertaken to identify additional cases, the vehicle of transmission, and to put in place adapted control measures. The cases, a mother (in her 60s) and daughter (in her 20s), presented with gastrointestinal symptoms accompanied by dysphagia, blurred vision, and facial paralysis on 9 Aug 2008. Both patients were hospitalized the day of symptom onset with a rapid evolution towards generalized and complete paralysis. The women required intubation and mechanical ventilation. They remain in this condition in intensive care as of 3 Sep 2008, with minor early signs of improvement. A trivalent antitoxin (toxin types A, B, E) was administered to the patients on 13 Aug 2008. The diagnosis of botulism (toxin type A) was confirmed for both cases by the NRL, by detection of botulinum toxin in blood samples of the patients. No other botulism cases associated with this episode were identified. The investigation of the food history for both women revealed that they had consumed an industrially produced pre-cooked Mexican-style "Tex-Mex" dish, chicken enchiladas, the day before onset of symptoms. The epidemiological investigation of the cases suggested that the contaminated enchiladas had been mistakenly stored at room temperature for 2 weeks between purchase and consumption, contrary to the producer's recommendation of refrigerated storage. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (SINGAPORE): Since January 2008, Singapore has been experiencing outbreaks of both imported and local cases of Chikungunya fever. There have been an additional 28 cases (including 16 imported) since the last update. As of 4 Sep 2008, a total of 178 cases have been notified this year. Of these, 86 were imported cases with history of travel to Johor (69 cases) and other states of Malaysia (8 cases), Indonesia (4 cases), Sri Lanka (2 cases), India (2 cases) and the Maldives (one case). The rest were locally acquired infections which probably occurred at 19 separate locations, including 39 cases in Kranji Way, 13 from Little India, 14 from Sungei Kadut, 5 from Pasir Panjang Wholesale market, and 6 from Lim Chu Kang Lane 2. (Emerging Infectious Disease is listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, TOURISTS (UNITED KINGDOM ex TURKEY): It emerged yesterday (8 Sep 2008), hundreds of British holidaymakers may have been struck down with salmonellosis. Some have already been diagnosed with the

potential serious infection after returning from a hotel complex in Turkey. These numbers are expected to rise. The tourists affected were staying at the Holiday Village Turkey in the resort of Sarigerme. They suffered sickness and diarrhea and some were so ill they had to be taken to hospital for treatment. It has been stated that, "From all reports coming out of the resort, we expect the number of cases to rise significantly over the next few days. Estimates put the figure of those affected at well over 1000. Anyone returning to the UK from Sarigerme who has been ill should see their doctor immediately." Last night (8 Sep 2008), a spokeswoman for travel agency involved said "a very small proportion" of guests at the resort reported being ill and were being treated for an "airborne virus." She added, "We are taking every precaution possible to safeguard the health and well being of our guests." (Food Safety Threat is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, EQUINE (RUSSIA): The Management of Rospotrebnadzor in Bashkortostan reports that anthrax cases have been confirmed and that as of 1 Sep 2008, the number of registered cases of anthrax are 11 persons. All of them are now in hospital. Since August 2008, 30 specialists have been investigating samples of soil and water collected in Yanaul and the Yanaulsky district. Work will be continued up to 10 Sep 2008. Analyses are being carried out in the trial laboratory in the Centre of Hygiene & epidemiology of Bashkortostan. Samples are being analyzed. 172.5 kg of meat have been taken away from the population and destroyed. Anti-epidemic, preventive and treatment measures are underway. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (KYRGYZSTAN): Five persons have been hospitalized with anthrax in Kyrgyzstan. The Kyrgyz Republican Centre of Quarantine & Especially Dangerous Infections has reported that all 5 persons are inhabitants of the Zhayilsky district in the Chuyskaya oblast. They were infected during the necessary slaughter and butchering of sick animals. It has been established that the cutaneous form of anthrax affected these 5 individuals. These are not the 1st cases of anthrax, and the situation with this disease remains complicated due to the 1260 ground foci of past infections and the large number of unascertained or lost places of mortality and burial sites of sick animals. Also, there is a low level of disease prophylaxis among domestic animals. In all, 27 cases of anthrax have been registered this year (2008) in Kyrgyzstan. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

National Preparedness Month (NPM):

September is the NPM, which is sponsored by the U.S. Department of Homeland Security's (DHS) Ready Campaign. NPM is held each September and is designed to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and communities.

September 2008 is the fifth annual NPM. The month will focus on important preparedness steps including:

- **Get an Emergency Supply Kit**
- **Make a Family Emergency Plan**
- **Be Informed**
- **Get Involved**

Be Informed:

Some of the things you can do to prepare for the unexpected, such as making an emergency supply kit and developing a family communications plan, are the same for both a natural or man-made emergency. However, there are important differences among potential emergencies that will impact the decisions you make and the actions you take. Learn more about the potential emergencies that could happen where you live and the appropriate way to respond to them.

In addition, learn about the emergency plans that have been established in your area by your state and local government.

Emergency preparedness is no longer the sole concern of earthquake prone Californians and those who live in the part of the country known as "Tornado Alley." For Americans, preparedness must now account for man-made disasters as well as natural ones. Knowing what to do during an emergency is an important part of being prepared and may make all the difference when seconds count.

Please visit <http://www.ready.gov/> for more information.

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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